



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO  
TREASURER AND TAX COLLECTOR

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January 27, 2005

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT  
(ALL DISTRICTS AFFECTED - 3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10820533, in amount of \$4,887.94  
Account Number 10756754, in amount of \$16,335.54  
Account Number 1081 1414, in amount of \$5,058  
Account Number 10831618, in amount of \$33,123.14  
Account Number 10659682, in amount of \$7,549.26

**JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

FILED  
2005 JAN 26 AM 10:26  
BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

**IMPLEMENTATION OF STRATEGIC PLAN GOALS:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

**FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

**PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:SFJ:efh  
X:Comp.71

Attachments

c: Chief Administrative Officer  
County Counsel

APPROVED AS TO FORM:

OFFICE OF THE COUNTY COUNSEL

by   
Principal Deputy County Counsel

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 71A  
DATE: January 27, 2005

Amount of Aid	\$68,982.00	Account Number	10820533
Amount Paid	.00	Name	Adult Male
Balance Due	68,982.00	Service Date	02/25/04 to 03/01/04
Compromise Amount Offered	4,887.94	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$64,094.06	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$68,982.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,925.37	\$ 4,925.37	32.83%
Attorney Cost	223.89	223.89	1.50%
Schaefer Ambulance Service Inc.	531.26	531.26	3.55%
County of Los Angeles	68,982.00	4,887.94	32.58%
Net to Client	N/A	4,431.54	29.54%
<b>Total</b>	<b>\$74,662.52</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself and family of two with a marginal income. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 71B  
DATE: January 27, 2005

Amount of Aid	\$64,906.00	Account Number	10756754
Amount Paid	.00	Name	Adult Female
Balance Due	64,906.00	Service Date	06/01/03 to 09/19/03
Compromise Amount Offered	16,335.54	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$48,570.46	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$64,906.00. Medi-Cal covered one day of services.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,666.66	\$16,666.66	33.33%
California Department of Health Services	1,313.20	330.46	.66%
County of Los Angeles	64,906.00	16,335.54	32.67%
Net to Client	N/A	16,667.34	33.34%
<b>Total</b>	<b>\$82,885.86</b>	<b>\$50,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and lives out of the country. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
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TRANSMITTAL NO. 71C  
DATE: January 27, 2005

Amount of Aid	\$30,672.00	Account Number	10811414
Amount Paid	.00	Name	Adult Male
Balance Due	30,672.00	Service Date	10/16/03 to 10/20/03
Compromise Amount Offered	5,058.00	Facility	Martin Luther King Medical Center
Amount to be Written Off	\$25,614.00	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Martin Luther King Medical Center at a cost of \$30,672.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,336.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,058.00	\$ 5,058.00	32.98%
Attorney Cost	162.00	162.00	1.06%
County of Los Angeles	30,672.00	5,058.00	32.98%
Net to Client	N/A	5,058.00	32.98%
<b>Total</b>	<b>\$35,892.00</b>	<b>\$15,336.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
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TRANSMITTAL NO. 71D  
DATE: January 27, 2005

Amount of Aid	\$82,802.00	Account Number	10831618
Amount Paid	.00	Name	Adult Male
Balance Due	82,802.00	Service Date	03/12/04 to 04/29/04
Compromise Amount Offered	33,123.14	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$49,678.86	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$82,802.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,133.33	\$ 33,133.33	33.13%
Attorney Cost	630.58	630.58	.64%
County of Los Angeles	84,802.00	33,123.14	33.12%
Net to Client	N/A	33,112.95	33.11%
<b>Total</b>	<b>\$118,565.91</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
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TRANSMITTAL NO. 71E  
DATE: January 27, 2005

Amount of Aid	\$40,492.00	Account Number	10659682
Amount Paid	.00	Name	Adult Female
Balance Due	40,492.00	Service Date	04/09/02 to 07/19/02
Compromise Amount Offered	7,549.26	Facility	LAC USC Medical Center
Amount to be Written Off	\$32,942.74	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was a victim of a violent crime and was run over by an automobile. She was treated at LAC USC Medical Center at a cost of \$40,492.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	40.00%
Attorney Cost	715.45	715.45	2.86%
Cerritos Chiropractic	2,930.00	545.59	2.18%
County of Los Angeles	40,492.00	7,549.26	30.20%
Net to Client	N/A	6,189.70	24.76%
<b>Total</b>	<b>\$54,137.45</b>	<b>\$25,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her spouse. She has no other source of income or tangible assets.